

# FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)  
2,480.00

## Complete If Known

Application Number 10/811,591  
Filing Date March 29, 2004  
First Named Inventor Donghui Lu  
Examiner Name Stouffer, Kelly M.  
Art Unit 1762  
Attorney Docket No. 42P19023

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☒ Other (please identify): Charge Deposit Account  
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	460	2252	230	Extension for reply within second month	
1253	1,050	2253	525	Extension for reply within third month	
1254	1,640	2254	820	Extension for reply within fourth month	
1255	2,230	2255	1,115	Extension for reply within fifth month	
1401	510	2401	255	Notice of Appeal	
1402	510	2402	255	Filing a brief in support of an appeal	
1403	1,030	2403	515	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	810	1809	405	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) <u>Terminal Disclaimer fee; RCE filing fee; Revive</u>					2,480.00
SUBTOTAL (2)					(\$) 2,480.00

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type) Gordon R. Lindeen III Registration No. 33,192 Telephone (303) 740-1980  
Signature [Signature] Date 01/17/08

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Adjustment date: 09/04/2008 CKHLOK  
01/23/2008 SSANDARA 00000037 022666 10811591  
03 FC:1814 130.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																
1 Date of Request: 09/03/08				2 Serial/Patent # 10/811,591												
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT								
	Filing							\$								
	Amendment							\$								
	Extension of Time							\$								
	Notice of Appeal/Appeal							\$								
	Petition							\$								
	Issue							\$								
X	Cert of Correction/Terminal Disc.			WFEE		01/22/08		\$ 130.00								
	Maintenance							\$								
	Assignment							\$								
	Other							\$								
				7 TOTAL AMOUNT OF REFUND				\$ 130.00								
				8 TO BE REFUNDED BY:												
10 REASON:				Treasury Check												
	Overpayment			X		Credit Deposit A/C #:										
	Duplicate Payment					9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">6</td></tr></table>				0	2	--	2	6	6	6
0	2	--	2	6	6	6										
X	No Fee Due (Explanation):															
TD unnecessary, since application was filed after 6/8/95.																
11 REFUND REQUESTED BY:																
TYPED/PRINTED NAME: Andrea M. Smith				TITLE: Petitions Examiner												
SIGNATURE: /Andrea M. Smith/				PHONE: 2-3226												
OFFICE: Office of Petitions																
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APPROVED:				DATE: 9/4/08												

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

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